

CAMPER ON TECHNOLOGY FORM

(YOU MUST BRING THIS COMPLETED FORM TO CAMP. FILL OUT THE NIGHT BEFORE CAMP!)

Camper Full Name _____ Age _____ Date began pumping _____

Pump brand and model _____ Serial # _____

Continuous Glucose Monitor-CGM WEARING AT CAMP? Yes No

Brand/SN#: _____

Pump/CGM supplies brought to camp? Yes No (PDA for Omni Pod, reservoirs, infusion sets, skin prep, tape, batteries)

Use the Technology Letter regarding "Change Settings": **Please complete the following tables**

Basal Info		
Start Time	Home	Camp (20% decrease)

BG Targets		
Please set targets at camp for:		
Start Time	Home	Camp

Sensitivity/Correction		
Start Time	Home	Camp

Carb Ratio		
Start Time	Home	Camp

Active Insulin/Insulin Duration/IOB (based on pump brand)

Pump login: User Name _____
 Password: _____
 CGM login: User Name _____
 Password _____

<p>Sleep Schedule 1:</p> <p>Sleep Schedule 2:</p> <p>Last set change date: _____ Changes are routinely performed every _____ day(s).</p> <p>Camper <input type="checkbox"/> can <input type="checkbox"/> cannot perform own set changes?</p> <p>Special Instructions (EMLA, TAPING, SKIN PREP, etc): _____</p> <p>Comments:</p>
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